

## imMTrax Consent Form for Children

Child's Name:	Sex: M	F	Date of Birth:
I authorize my health care provider and a public health ag records into the Department of Public Health and Human The IIS is a confidential, computer system that contains it the registry may be released to a public health agency as we medical care and treatment. In addition, information may which my child is enrolled to comply with state immunization and have my record removed at any time by	Services' Immu mmunization rec well as my health be released to cl ation requirement	nization cords. I under care promited care atts. I under the care atts.	Information System (IIS). Inderstand that information in oviders to assist in my child's facilities and schools in erstand that I can revoke this
Parent/Guardian Signature:			
Date:			
Revised (10/2012)			
Montana li Informat	mmunization ion System		
imMTrax Consent	Form for Ad	ults	
Name:	Sex: M	F	Date of Birth:
I authorize my health care provider and a public health ag into the Department of Public Health and Human Services a confidential, computer system that contains immunization registry may be released to a public health agency as well care and treatment. In addition, information may be release requirements. I understand that I can revoke this authorization to contacting my local health department.	s' Immunization on records. I und as my health ca sed to schools in	Informaterstand to the provider to	tion System (IIS). The IIS is hat information in the ers to assist in my medical comply with immunization
Signature:			
Date:			-